

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Planned Parenthood Votes

ADDRESS (number and street) ▼

434 West 33rd Street

☐ Check if different than previously reported. (ACC)

New York

NY

10001

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00489799

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☒ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2014

through

M M M / D D D / Y Y Y Y Y Y
07 31 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Aaron Samulcek

Signature of Treasurer

Aaron Samulcek

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
08 20 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Planned Parenthood Votes

Report Covering the Period: From: M M / D D / Y Y Y Y Y 07 / 01 / 2014 To: M M / D D / Y Y Y Y Y 07 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		367024.11
(b) Cash on Hand at Beginning of Reporting Period.....	1064218.64	
(c) Total Receipts (from Line 19)	1233259.62	2460778.95
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2297478.26	2827803.06
7. Total Disbursements (from Line 31)	472667.18	1002991.98
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1824811.08	1824811.08
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	37478.28	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Planned Parenthood Votes

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
07	/	01	/	2014

To:

M M	/	D D	/	Y Y Y Y
07	/	31	/	2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other
Than Political Committees

(i) Itemized (use Schedule A).....

1228159.62

2452982.63

(ii) Unitemized

100.00

796.32

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

1228259.62

2453778.95

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

2000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

1228259.62

2455778.95

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

5000.00

5000.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ►

1233259.62

2460778.95

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

1233259.62

2460778.95

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	88444.29	234499.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	88444.29	234499.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	60704.79	145139.70
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	5146.32	5146.32
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	5146.32	5146.32
29. Other Disbursements	318371.78	618206.92
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	472667.18	1002991.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	472667.18	1002991.98

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1228259.62	2455778.95
34. Total Contribution Refunds (from Line 28(d))	5146.32	5146.32
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1223113.30	2450632.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	88444.29	234499.04
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	88444.29	234499.04

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

A. Naomi D Aberly

Mailing Address 8 Mount Vernon Place

City
Boston

State
MA

Zip Code
02108-1406

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Volunteer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

MM / DD / YYYY
07 / 21 / 2014

Transaction ID : A2014-1639623

Amount of Each Receipt this Period

50000.00

Full Name (Last, First, Middle Initial)

B. Dr. Bridget B Baird

Mailing Address 28 Old Mill Road

City

Quaker Hill

State

CT

Zip Code

06375

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

MM / DD / YYYY
07 / 21 / 2014

Transaction ID : A2014-1639624

Amount of Each Receipt this Period

50000.00

Full Name (Last, First, Middle Initial)

C. Jane D Brown

Mailing Address 451 Lakeshore Lane

City

Chapel Hill

State

NC

Zip Code

27514

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY
07 / 07 / 2014

Transaction ID : A2014-1639625

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

105000.00

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID :

Please note that our committee follows all federal regulations, including those found at 11 CFR 104.7(a) governing the solicitation of contributors. This committee specifically requests all pertinent information from contributors, including employer and occupation; informs contributors that the committee is required by law to report the same; and, makes a follow-up request for omitted information when necessary. The committee thus complies with the best efforts rules.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

A. Rani Clasquin

Mailing Address 911 Old Stonehedge

City
Austin

State
TX

Zip Code
78746

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self - Employed

Occupation

Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 16 / 2014

Transaction ID : A2014-1639626

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Suzanne H Cochran

Mailing Address 145 Hudson Street 14A

City
New York

State
NY

Zip Code
10013

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2014

Transaction ID : A2014-1639627

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Andrea Soros Colombel

Mailing Address 5 Sherbrooke Road

City
Scarsdale

State
NY

Zip Code
10583-4431

FEC ID number of contributing
federal political committee.

C

Name of Employer

Trace Foundation

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2014

Transaction ID : A2014-1787273

Amount of Each Receipt this Period

250000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

255500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 9 OF 50
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

A. Charles D Edelman

Mailing Address 3815 Stoneycreek Road

City State Zip Code
 Chapel Hill NC 27514

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 28 / 2014

Transaction ID : A2014-1639628

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Mrs. Lisa Eisenstein

Mailing Address 3 Rocky Hollow Drive

City State Zip Code
 Larchmont NY 10538

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 25 / 2014

Transaction ID : A2014-1639629

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Lee Fikes

Mailing Address 3901 Euclid Ave

City State Zip Code
 Dallas TX 75205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bonanza Oil Company

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

33500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 01 / 2014

Transaction ID : A2014-1639630

Amount of Each Receipt this Period

33500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

39000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

A. Mr. Lee Fikes

Mailing Address 3901 Euclid Ave

City State Zip Code
 Dallas TX 75205

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Bonanza Oil Company

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

67000.00

Date of Receipt

MM / DD / YYYY
 07 / 30 / 2014

Transaction ID : A2014-1639631

Amount of Each Receipt this Period

33500.00

Full Name (Last, First, Middle Initial)

B. Gail Furman

Mailing Address 151 E 83rd Street, #1A

City State Zip Code
 New York NY 10028

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self - Employed

Occupation
 Psychologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
 07 / 18 / 2014

Transaction ID : A2014-1639632

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jeffrey L Gates

Mailing Address 1177 Avenue of the Americas, 46th

City State Zip Code
 New York NY 10036

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Gates Capital Management

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY
 07 / 10 / 2014

Transaction ID : A2014-1639633

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

36500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 OF 50
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

A. Jennifer Gilbert

Mailing Address 429 Greenwich Street, #9A

City State Zip Code
 New York NY 10013

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 25 / 2014

Transaction ID : A2014-1639634

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John Henry

Mailing Address 54 Riverside Drive #16-B

City State Zip Code
 New York NY 10024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self - Employed

Writer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 17 / 2014

Transaction ID : A2014-1787275

Amount of Each Receipt this Period

15000.00

Full Name (Last, First, Middle Initial)

C. Ellen K Jacobs

Mailing Address 108 E 82nd Street

City State Zip Code
 New York NY 10028

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Sailor Air Travel

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 21 / 2014

Transaction ID : A2014-1639635

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

16500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

A. Ms. Virginia M Knapp

Mailing Address 1305 Little Harbour Lane

City

Vero Beach

State

FL

Zip Code

32963

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self - Employed

Occupation

Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

MM / DD / YYYY
07 / 18 / 2014

Transaction ID : A2014-1639743

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Judith Little

Mailing Address 710 E Mountain Drive

City

Santa Barbara

State

CA

Zip Code

93108

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY
07 / 14 / 2014

Transaction ID : A2014-1764124

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Elaine F Marshall

Mailing Address 3920 City of Oaks Wynd

City

Raleigh

State

NC

Zip Code

27612

FEC ID number of contributing
federal political committee.

C

Name of Employer

State of North Carolina

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
07 / 07 / 2014

Transaction ID : A2014-1764125

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

8000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 50
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

A. Valerie McCarthy

Mailing Address 79 Romana Drive

City State Zip Code
Hampton Bays NY 11946

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dyna Empire Inc

Occupation

Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2014

Transaction ID : A2014-1764126

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Amber A Mostyn

Mailing Address 3810 W. Alabama

City State Zip Code
Houston TX 77027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mostyn Law Firm

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 29 / 2014

Transaction ID : A2014-1764127

Amount of Each Receipt this Period

500000.00

Full Name (Last, First, Middle Initial)

C. Connie B Newman

Mailing Address 3 Red Fox Trail

City State Zip Code
Warren NJ 07059

FEC ID number of contributing
federal political committee.

C

Name of Employer

NYU Medical Center

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 17 / 2014

Transaction ID : A2014-1764128

Amount of Each Receipt this Period

4000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

506500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

A. Lisbeth R Oliver

Mailing Address 22 E 94th Street

City
New York

State Zip Code
NY 10128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oliver Production

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

07 / 17 / 2014

Transaction ID : A2014-1764129

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Stephen Robert

Mailing Address 667 Madison Avenue, #17B

City
New York

State Zip Code
NY 10065

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 25 / 2014

Transaction ID : A2014-1764130

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. M. Andrew Ross

Mailing Address 1430 Woodland Hall Drive

City
Delaware

State Zip Code
OH 43015-7090

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

07 / 22 / 2014

Transaction ID : A2014-1779791

Amount of Each Receipt this Period

250000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

252500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

A. Reina Schiffrin

Mailing Address 4 Skyline Drive

City State Zip Code
Hawthorne NY 10532

FEC ID number of contributing
federal political committee.

C

Name of Employer
Planned Parenthood Hudson Peconic

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 28 / 2014

Transaction ID : A2014-1787271

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Charlotte Smith

Mailing Address 117 W Poplar Avenue

City State Zip Code
Carrboro NC 27510

FEC ID number of contributing
federal political committee.

C

Name of Employer
IPAS

Occupation
Policy Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 07 / 2014

Transaction ID : A2014-1787272

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Action Fund

Mailing Address 434 West 33rd Street

City State Zip Code
New York NY 10001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Planned Parenthood Action Fund

Occupation
N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

31982.63

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2014

Transaction ID : A2014-1787276

Amount of Each Receipt this Period

3159.62

In-kind contribution: staff time for accounting and FEC compliance

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

8659.62

1228159.62

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

A. Kathleen M Doyle Foundation

Mailing Address 1115 5th Ave

City
New York

State Zip Code
NY 10128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 14 2014

Transaction ID : A2014-11208

Amount of Each Receipt this Period

5000.00

Contribution refunded on 7/29. See line 28a

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

5000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Health Systems Action Fund

Mailing Address 100 South Boylan Ave.

City Raleigh State NC Zip Code 27603

Purpose of Disbursement
Independent Expenditure for Hagan. See Schedule E

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Not Applicable

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 01 / 2014
Transaction ID : B509605

Amount of Each Disbursement this Period

-3312.50

Drawdown on advance to PPHS-AF reported on line 21b of the 2014 FEC July Monthly report

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Health Systems Action Fund

Mailing Address 100 South Boylan Ave.

City Raleigh State NC Zip Code 27603

Purpose of Disbursement
Independent Expenditure for Hagan. See Schedule E

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Not Applicable

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 01 / 2014
Transaction ID : B509606

Amount of Each Disbursement this Period

-4637.50

Drawdown on advance to PPHS-AF reported on line 21b of the 2014 FEC July Monthly report

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Health Systems Action Fund

Mailing Address 100 South Boylan Ave.

City Raleigh State NC Zip Code 27603

Purpose of Disbursement
Independent Expenditure for Hagan. See Schedule E

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Not Applicable

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 01 / 2014
Transaction ID : B509607

Amount of Each Disbursement this Period

-1987.50

Drawdown on advance to PPHS-AF reported on line 21b of the 2014 FEC July Monthly report

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-9937.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

A. Alliance FM

Mailing Address 133 Industrial Avenue

City Hasbrouck Heights State NJ Zip Code 07604

Purpose of Disbursement
Printing of fundraising brochure

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Not Applicable

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 24 2014
Transaction ID : B510157

Amount of Each Disbursement this Period

862.50

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Action Fund

Mailing Address 434 West 33rd Street

City New York State NY Zip Code 10001

Purpose of Disbursement
In-kind contribution of staff travel expenses in support of PP Pennsylvania
PAC (non-federal PA PAC)

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Not Applicable

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 03 2014
Transaction ID : B510078

Amount of Each Disbursement this Period

-295.93

Draw down on advance to Action Fund reported on Line 21b of the June monthly report. See line 29

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Action Fund

Mailing Address 434 West 33rd Street

City New York State NY Zip Code 10001

Purpose of Disbursement
In-kind contribution of staff travel expenses in support of PP Pennsylvania
PAC (non-federal PA PAC)

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Not Applicable

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 10 2014
Transaction ID : B510079

Amount of Each Disbursement this Period

-328.85

Draw down on advance to Action Fund reported on Line 21b of the June monthly report. See line 29

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

237.72

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Action Fund

Mailing Address 434 West 33rd Street

City State Zip Code
New York NY 10001

Purpose of Disbursement
In-kind contribution of staff time in support of PP Pennsylvania PAC (non-federal PA PAC)
Candidate Name

001

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
07 12 2014
Transaction ID : B510080

Amount of Each Disbursement this Period

-1268.50

Draw down on advance to Action Fund reported on Line 21b of the June monthly report. See line 29

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Action Fund

Mailing Address 434 West 33rd Street

City State Zip Code
New York NY 10001

Purpose of Disbursement
In-kind contribution of staff time in support of L Van de Putte, Lt Gov
Candidate Name

001

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
07 12 2014
Transaction ID : B510090

Amount of Each Disbursement this Period

-31.43

Draw down on advance to Action Fund reported on Line 21b of the June monthly report. See line 29

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Action Fund

Mailing Address 434 West 33rd Street

City State Zip Code
New York NY 10001

Purpose of Disbursement
In-kind contribution of staff time in support of PP TX Votes PAC (non-federal TX PAC)
Candidate Name

001

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
07 12 2014
Transaction ID : B510092

Amount of Each Disbursement this Period

-1857.38

Draw down on advance to Action Fund reported on Line 21b of the June monthly report. See line 29

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-3157.31

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Action Fund

Mailing Address 434 West 33rd Street

City State Zip Code
 New York NY 10001

Purpose of Disbursement
 In-kind contribution of staff time in support of Wendy Davis, Gov candidate in
 TX
 Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
 07 / 12 / 2014

Transaction ID : B510084

Amount of Each Disbursement this Period

-301.05

Draw down on advance to Action Fund reported on Line 21b of the June monthly report. See line 29

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Action Fund

Mailing Address 434 West 33rd Street

City State Zip Code
 New York NY 10001

Purpose of Disbursement
 In-kind contribution of data models in support of Texas Democratic Party
 (non-federal TX PAC)
 Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
 07 / 15 / 2014

Transaction ID : B510096

Amount of Each Disbursement this Period

-678.69

Draw down on advance to Action Fund reported on Line 21b of the June monthly report. See line 29

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Action Fund Inc.

Mailing Address 434 West 33rd Street

City State Zip Code
 New York NY 10001

Purpose of Disbursement
 Payment for debt originally reported on July Monthly Report. See Schedule D.
 Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
 07 / 17 / 2014

Transaction ID : B507163

Amount of Each Disbursement this Period

4074.99

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3095.25

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Action Fund

Mailing Address 434 West 33rd Street

City State Zip Code
New York NY 10001

Purpose of Disbursement
In-kind contribution of staff travel expenses in support of Wendy Davis, Gov
Candidate Name

001

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 22 2014
Transaction ID : B510086

Amount of Each Disbursement this Period

-516.17

Draw down on advance to Action Fund reported on Line 21b of the June monthly report. See line 29

Full Name (Last, First, Middle Initial)

B. Sundberg & Associates, Inc.

Mailing Address 9 East 45th Street

City State Zip Code
New York NY 10017

Purpose of Disbursement
Design of fundraising reply device

Candidate Name

001

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 24 2014
Transaction ID : B510160

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Action Fund Inc.

Mailing Address 434 West 33rd Street

City State Zip Code
New York NY 10001

Purpose of Disbursement
Staff time for fundraising efforts. See Schedule D.

Candidate Name

001

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 26 2014
Transaction ID : B509615

Amount of Each Disbursement this Period

9598.13

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-266.17

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Action Fund

Mailing Address 434 West 33rd Street

City State Zip Code
New York NY 10001

Purpose of Disbursement
In-kind contribution of staff time in support of Wendy Davis, Gov candidate in
TX
Candidate Name

001

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
07 26 2014
Transaction ID : B510088

Amount of Each Disbursement this Period

-447.72

Draw down on advance to Action Fund reported on Line 21b of the June monthly report. See line 29

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Action Fund

Mailing Address 434 West 33rd Street

City State Zip Code
New York NY 10001

Purpose of Disbursement
In-kind contribution of staff time in support of PP TX Votes PAC (non-federal
TX PAC)
Candidate Name

001

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
07 26 2014
Transaction ID : B510094

Amount of Each Disbursement this Period

-2057.20

Draw down on advance to Action Fund reported on Line 21b of the June monthly report. See line 29

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Action Fund

Mailing Address 434 West 33rd Street

City State Zip Code
New York NY 10001

Purpose of Disbursement
In-kind contribution of staff time in support of PP Pennsylvania PAC (non-
federal PA PAC)
Candidate Name

001

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
07 26 2014
Transaction ID : B510081

Amount of Each Disbursement this Period

-725.06

Draw down on advance to Action Fund reported on Line 21b of the June monthly report. See line 29

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-3229.98

SCHEDULE B (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Action Fund

Mailing Address 434 West 33rd Street

City State Zip Code
New York NY 10001

Purpose of Disbursement
In-kind contribution of staff travel expenses in support of PP Pennsylvania
PAC (non-federal PA PAC)
Candidate Name

001

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 31 2014
Transaction ID : B510082

Amount of Each Disbursement this Period

-413.43

Draw down on advance to Action Fund reported on Line 21b of the June monthly report. See line 29

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Action Fund Inc.

Mailing Address 434 West 33rd Street

City State Zip Code
New York NY 10001

Purpose of Disbursement
In-kind contribution: staff time for accounting and FEC compliance

Candidate Name

001

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 31 2014
Transaction ID : B509603

Amount of Each Disbursement this Period

3159.62

Full Name (Last, First, Middle Initial)

C. Blackbaud Inc.

Mailing Address 2000 Daniel Island Drive

City State Zip Code
Charleston SC 29492

Purpose of Disbursement
Credit card fees

Candidate Name

001

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 08 2014
Transaction ID : B510103

Amount of Each Disbursement this Period

13.25

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2759.44

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 50

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address P.O. Box 27025

City	State	Zip Code
Richmond	VA	23261

Purpose of Disbursement
Merchant fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

☐ Primary ☐ General☒ Other (specify) ▼

Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2014

Transaction ID : B510101

Amount of Each Disbursement this Period

420.23

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

☐ Primary ☐ General☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

☐ Primary ☐ General☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

420.23

88353.39

	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

Planned Parenthood Votes

A. Kathleen M Doyle Foundation

Mailing Address 1115 5th Ave

City	State	Zip Code
New York	NY	10128

Purpose of Disbursement
Refund of contribution received on 7/14. See line 17

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2014

☐ Primary ☐ General

☒ Other (specify) ▼

Not Applicable

Date of Disbursement

Transaction ID : B510162

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

5000.00

TOTAL This Period (last page this line number only).....

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Action Fund

Mailing Address 434 West 33rd Street

City	State	Zip Code
New York	NY	10001

Purpose of Disbursement In-kind contribution of staff travel expenses in support of PP Pennsylvania PAC (non-federal PA PAC)	011 Category/ Type
Candidate Name	

Office Sought:	Disbursement For: 2014
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable
State: District:	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		03		2014

Transaction ID : B510073

Amount of Each Disbursement this Period

295.93

See line 21b

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Action Fund

Mailing Address 434 West 33rd Street

City	State	Zip Code
New York	NY	10001

Purpose of Disbursement In-kind contribution of staff travel expenses in support of PP Pennsylvania PAC (non-federal PA PAC)	011 Category/ Type
Candidate Name	

Office Sought:	Disbursement For: 2014
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable
State: District:	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		10		2014

Transaction ID : B510074

Amount of Each Disbursement this Period

328.85

See line 21b

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Action Fund

Mailing Address 434 West 33rd Street

City	State	Zip Code
New York	NY	10001

Purpose of Disbursement In-kind contribution of staff time in support of PP Pennsylvania PAC (non-federal PA PAC)	011 Category/ Type
Candidate Name	

Office Sought:	Disbursement For: 2014
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable
State: District:	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		12		2014

Transaction ID : B510075

Amount of Each Disbursement this Period

1268.50

See line 21b

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1893.28

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Action Fund

Mailing Address 434 West 33rd Street

City	State	Zip Code
New York	NY	10001

Purpose of Disbursement In-kind contribution of staff time in support of PP Pennsylvania PAC (non-federal PA PAC)	<input type="checkbox"/> 011
Candidate Name	Category/ Type

Office Sought:	Disbursement For: 2014
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
State: District:	Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		26		2014

Transaction ID : B510076

Amount of Each Disbursement this Period

725.06

See line 21b

Full Name (Last, First, Middle Initial)

B. Tom Wolf for Governor

Mailing Address 102 North George Street

City	State	Zip Code
York	PA	17401

Purpose of Disbursement Contribution to state candidate for PA Governor	<input type="checkbox"/> 011
Candidate Name Tom Wolf	Category/ Type

Office Sought:	Disbursement For: 2014
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: PA District:	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2014

Transaction ID : B508032

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Pennsylvania PAC

Mailing Address 1514 N 2nd Street

City	State	Zip Code
Harrisburg	PA	17102

Purpose of Disbursement Non-Federal PAC	<input type="checkbox"/> 011
Candidate Name	Category/ Type

Office Sought:	Disbursement For: 2014
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
State: District:	Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2014

Transaction ID : B510174

Amount of Each Disbursement this Period

303479.52

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

309204.58

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Action Fund

Mailing Address 434 West 33rd Street

City	State	Zip Code
New York	NY	10001

Purpose of Disbursement	<div>011</div> Category/ Type
In-kind contribution of staff travel expenses in support of PP Pennsylvania PAC (non-federal PA PAC)	
Candidate Name	

Office Sought:	Disbursement For: 2014
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	Not Applicable
State: District:	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2014

Transaction ID : B510077

Amount of Each Disbursement this Period

413.43

See line 21b

Full Name (Last, First, Middle Initial)

B. Christina Dupuy

Mailing Address 140 W. 70th St. #1G

City	State	Zip Code
New York	NY	10023

Purpose of Disbursement	<div>011</div> Category/ Type
Payment for debt originally reported on June monthly report. See Schedule D	
Candidate Name	

Office Sought:	Disbursement For: 2014
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State: TX District:	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		10		2014

Transaction ID : B498785

Amount of Each Disbursement this Period

416.67

Full Name (Last, First, Middle Initial)

C. Christina Dupuy

Mailing Address 140 W. 70th St. #1G

City	State	Zip Code
New York	NY	10023

Purpose of Disbursement	<div>011</div> Category/ Type
Payment for debt originally reported on June monthly report. See Schedule D	
Candidate Name	

Office Sought:	Disbursement For: 2014
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State: TX District:	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		10		2014

Transaction ID : B498784

Amount of Each Disbursement this Period

416.66

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1246.76

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Action Fund

Mailing Address 434 West 33rd Street

City	State	Zip Code
New York	NY	10001

Purpose of Disbursement In-kind contribution of staff time in support of PP TX Votes PAC (non-federal TX PAC)	<div>011</div> Category/ Type
Candidate Name	

Office Sought:	Disbursement For: 2014
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable
State: District:	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		12		2014

Transaction ID : B510091

Amount of Each Disbursement this Period

1857.38

See line 21b

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Action Fund

Mailing Address 434 West 33rd Street

City	State	Zip Code
New York	NY	10001

Purpose of Disbursement In-kind contribution of staff time in support of Wendy Davis, Gov candidate in TX	<div>011</div> Category/ Type
Candidate Name	

Office Sought:	Disbursement For: 2014
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: TX District:	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		12		2014

Transaction ID : B510083

Amount of Each Disbursement this Period

301.05

See line 21b

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Action Fund

Mailing Address 434 West 33rd Street

City	State	Zip Code
New York	NY	10001

Purpose of Disbursement In-kind contribution of staff time in support of L Van de Putte, Lt Gov candidate in TX	<div>011</div> Category/ Type
Candidate Name	

Office Sought:	Disbursement For: 2014
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: TX District:	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		12		2014

Transaction ID : B510089

Amount of Each Disbursement this Period

31.43

See line 21b

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2189.86

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Action Fund

Mailing Address 434 West 33rd Street

City	State	Zip Code
New York	NY	10001

Purpose of Disbursement In-kind contribution of data models in support of Texas Democratic Party (non-federal TX PAC)	011 Category/ Type
Candidate Name	

Office Sought:	Disbursement For: 2014
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable
State: District:	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		15		2014

Transaction ID : B510095

Amount of Each Disbursement this Period

678.69

See line 21b

Full Name (Last, First, Middle Initial)

B. Blueprint Interactive

Mailing Address 2229 North Pollard St

City	State	Zip Code
Arlington	VA	22207

Purpose of Disbursement In-kind contrib of online advertising in support of Wendy Davis, Gov candidate in TX. See Schedule D	011 Category/ Type
Candidate Name	

Office Sought:	Disbursement For: 2014
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: TX District:	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		16		2014

Transaction ID : B509617

Amount of Each Disbursement this Period

13200.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Action Fund

Mailing Address 434 West 33rd Street

City	State	Zip Code
New York	NY	10001

Purpose of Disbursement In-kind contribution of staff travel expenses in support of Wendy Davis, Gov candidate in TX	011 Category/ Type
Candidate Name	

Office Sought:	Disbursement For: 2014
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: TX District:	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2014

Transaction ID : B510085

Amount of Each Disbursement this Period

516.17

See line 21b

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1194.86

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

A. M&R Strategic Services, Inc.

Mailing Address 1901 L Street NW Suite 800

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement

Payment for debt originally reported on the June monthly report. See
Schedule D

Candidate Name

Leticia Van de Putte

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: TX District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2014

Transaction ID : B498777

Amount of Each Disbursement this Period

137.52

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Action Fund

Mailing Address 434 West 33rd Street

City	State	Zip Code
New York	NY	10001

Purpose of Disbursement

In-kind contribution of staff time in support of PP TX Votes PAC (non-federal
TX PAC)

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2014

Transaction ID : B510093

Amount of Each Disbursement this Period

2057.20

See line 21b

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Action Fund

Mailing Address 434 West 33rd Street

City	State	Zip Code
New York	NY	10001

Purpose of Disbursement

In-kind contribution of staff time in support of Wendy Davis, Gov candidate in
TX

Candidate Name

Wendy Davis

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: TX District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2014

Transaction ID : B510087

Amount of Each Disbursement this Period

447.72

See line 21b

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2642.44

318371.78

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 33 OF 50

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MackCrounse Group

Nature of Debt (Purpose):

Canvass literature

Mailing Address 2001 N. Beauregard St. Ste 420

City State

Alexandria

Zip Code

VA

22311

Outstanding Balance Beginning This Period

3950.00

Transaction ID : D439006

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3950.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Action Fund Inc.

Nature of Debt (Purpose):

Staff time for fundraising efforts and non-federal in-kind activity. See line 29 & Schedule E

Mailing Address 434 West 33rd Street

City State

New York

Zip Code

NY

10001

Outstanding Balance Beginning This Period

5580.09

Transaction ID : D539006

Amount Incurred This Period

12866.76

Payment This Period

5580.09

Outstanding Balance at Close of This Period

12866.76

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Sundberg & Associates, Inc.

Nature of Debt (Purpose):

Graphic design for fundraising and advocacy communications.

Mailing Address 9 East 45th Street

City

New York

State

NY

Zip Code

10017

Outstanding Balance Beginning This Period

900.00

Transaction ID : D739006

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

900.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

17716.76

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 34 OF 50

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

M&R Strategic Services, Inc.

Nature of Debt (Purpose):
Email consultant.

Mailing Address 1901 L Street NW Suite 800

City State

Zip Code

Washington

DC

20036

Outstanding Balance Beginning This Period

137.52

Transaction ID : D739007

Amount Incurred This Period

0.00

Payment This Period

137.52

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Alliance Fm

Nature of Debt (Purpose):
Printing of brochure.

Mailing Address 133 Industrial Avenue

City State

Zip Code

Hasbrouck Heights

NJ

07604

Outstanding Balance Beginning This Period

312.50

Transaction ID : D739008

Amount Incurred This Period

0.00

Payment This Period

312.50

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FedEx

Nature of Debt (Purpose):
Shipping of invitations for fundraiser.

Mailing Address 326 7th Avenue

City

State

Zip Code

New York

NY

10001

Outstanding Balance Beginning This Period

21.04

Transaction ID : D739009

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

21.04

1) SUBTOTALS This Period This Page (optional)..... ►

21.04

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 35 OF 50

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

PPCNC Action Fund

Nature of Debt (Purpose):

Postage of invitations for fundraiser. See
Schedule E

Mailing Address PO Box 9194

City State

Zip Code

Chapel Hill

NC

27515

Outstanding Balance Beginning This Period

30.48

Transaction ID : D739010

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

30.48

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Christina Dupuy

Nature of Debt (Purpose):

Website communications.

Mailing Address 140 W. 70th St. #1G

City State

Zip Code

New York

NY

10023

Outstanding Balance Beginning This Period

833.33

Transaction ID : D739011

Amount Incurred This Period

0.00

Payment This Period

833.33

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

76 Words

Nature of Debt (Purpose):

Production of advertisement.

Mailing Address 1720 Eye Street NW, Ste 550

City
WashingtonState
DCZip Code
20006

Outstanding Balance Beginning This Period

1500.00

Transaction ID : D739012

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1500.00

1) SUBTOTALS This Period This Page (optional)..... ►

1530.48

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFH`G7 <98I @G `CF`+H9A-N5H-CB
.

Form/Schedule: SD10

Transaction ID : D739011

Due to a rounding error on the June Monthly Report, the reported debt to Christina Dupuy was off by \$.01. This error has been corrected on both line 29 (transaction B498784) and schedule D (transaction D739011) so that the debt is shown as being paid in full on this report. Please update your records accordingly.

Form/Schedule:

Transaction ID:

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 37 OF 50

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Blueprint Interactive

Nature of Debt (Purpose):

Production of advertisement. See line 29

Mailing Address 2229 North Pollard St

City State

Zip Code

Arlington

VA

22207

Outstanding Balance Beginning This Period

5010.00

Transaction ID : D739013

Amount Incurred This Period

13200.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

18210.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

18210.00

2) **TOTALS** This Period (last page this line number only)..... ►

37478.28

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

37478.28

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 38 OF 50
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes			FEC IDENTIFICATION NUMBER ▼ C C00489799		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Planned Parenthood Health Systems Action Fund			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 01 / 2014		
Mailing Address 100 South Boylan Ave.			Amount 3312.50		
City Raleigh		State NC	Zip Code 27603		Transaction ID : B499833
Purpose of Expenditure Volunteer recruitment phone banks		Category/Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 01 / 2014	
Name of Federal Candidate Kay Hagan			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: NC		
Calendar Year-To-Date Per Election for Office Sought 143988.96			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Planned Parenthood Health Systems Action Fund			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 01 / 2014		
Mailing Address 100 South Boylan Ave.			Amount 3312.50		
City Raleigh		State NC	Zip Code 27603		Transaction ID : B499834
Purpose of Expenditure Persuasion phone banks		Category/Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 01 / 2014	
Name of Federal Candidate Kay Hagan			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: NC		
Calendar Year-To-Date Per Election for Office Sought 143988.96			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			6625.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Aletheia Henry</u> <div style="text-align: right;">[Electronically Filed]</div>			Date M M / D D / Y Y Y Y Y Y 08 / 20 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 39 OF 50
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Planned Parenthood Health Systems Action Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014	
Mailing Address 100 South Boylan Ave.		Amount 4637.50	
City Raleigh	State NC	Zip Code 27603	Transaction ID : B499835
Purpose of Expenditure Persuasion canvasses	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014	
Name of Federal Candidate Kay Hagan		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Planned Parenthood Health Systems Action Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014	
Mailing Address 100 South Boylan Ave.		Amount 1987.50	
City Raleigh	State NC	Zip Code 27603	Transaction ID : B499836
Purpose of Expenditure Persuasion events	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014	
Name of Federal Candidate Kay Hagan		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		6625.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Aletheia Henry</i>		Date MM / DD / YYYY 08 / 20 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 40 OF 50
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014	
Mailing Address 1110 Vermont Ave N.W.		Amount 11338.13	
City Washington	State DC	Zip Code 20005	Transaction ID : B499837
Purpose of Expenditure Volunteer recruitment phone banks.		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: NC
Calendar Year-To-Date Per Election for Office Sought 143988.96		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014	
Mailing Address 1110 Vermont Ave N.W.		Amount 11338.13	
City Washington	State DC	Zip Code 20005	Transaction ID : B499838
Purpose of Expenditure Persuasion phone banks		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: NC
Calendar Year-To-Date Per Election for Office Sought 143988.96		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		22676.26	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Aletheia Henry		Date MM / DD / YYYY 08 / 20 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 41 OF 50
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014	
Mailing Address 1110 Vermont Ave N.W.		Amount 15873.39	
City Washington	State DC	Zip Code 20005	Transaction ID : B499839
Purpose of Expenditure Persuasion canvasses		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		143988.96	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014	
Mailing Address 1110 Vermont Ave N.W.		Amount 6802.88	
City Washington	State DC	Zip Code 20005	Transaction ID : B499840
Purpose of Expenditure Persuasion events		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		143988.96	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		22676.27	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Aletheia Henry		Date MM / DD / YYYY 08 / 20 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 42 OF 50
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Planned Parenthood Action Fund [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014	
Mailing Address 434 West 33rd Street		Amount 135.00	
City New York	State NY	Zip Code 10001	Transaction ID : B508860
Purpose of Expenditure List rental. See Schedule D		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		144123.96	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Planned Parenthood Action Fund [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014	
Mailing Address 434 West 33rd Street		Amount 135.00	
City New York	State NY	Zip Code 10001	Transaction ID : B508861
Purpose of Expenditure List rental. See Schedule D		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
Name of Federal Candidate Thom Tillis		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		135.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Aletheia Henry Signature		[Electronically Filed] Date MM / DD / YYYY 08 / 20 / 2014	

Full Name of Payee Planned Parenthood Action Fund Inc. [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014	
Mailing Address 434 W 33rd Street		Amount 230.13	
City New York	State NY	Zip Code 10001	Transaction ID : B508863
Purpose of Expenditure Rental of sound and staging equipment for rally. See Schedule D	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014
Name of Federal Candidate Thom Tillis	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: _____ State: NC
Calendar Year-To-Date Per Election for Office Sought	1038.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	284.66
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 44 OF 50
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Planned Parenthood Action Fund Inc. [MEMO ITEM]		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014	
Mailing Address 434 West 33rd Street		Amount 388.66	
City New York	State NY	Zip Code 10001	Transaction ID : B508864
Purpose of Expenditure List rental. See Schedule D		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		144512.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee Planned Parenthood Action Fund Inc. [MEMO ITEM]		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014	
Mailing Address 434 West 33rd Street		Amount 388.67	
City New York	State NY	Zip Code 10001	Transaction ID : B508865
Purpose of Expenditure List rental. See Schedule D		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014
Name of Federal Candidate Thom Tillis		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1038.46	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Aletheia Henry</i>		Date M M M / D D D / Y Y Y Y Y Y 08 / 20 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 45 OF 50
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>	

Full Name of Payee Planned Parenthood Action Fund Inc.		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>	
Mailing Address 434 West 33rd Street		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 390.00 </div> </div>	
City New York	State NY	Zip Code 10001	Transaction ID : B499859
Purpose of Expenditure Payment for Independent Expenditure originally reported on July Monthly Report. See Schedule D		Category/Type 004	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 145627.72 </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Planned Parenthood Action Fund Inc.		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>	
Mailing Address 434 West 33rd Street		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 390.00 </div> </div>	
City New York	State NY	Zip Code 10001	Transaction ID : B499886
Purpose of Expenditure Payment for Independent Expenditure originally reported on July Monthly Report. See Schedule D		Category/Type 004	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>
Name of Federal Candidate Thom Tillis		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 1428.46 </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 780.00 </div> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Aletheia Henry

[Electronically Filed]

Date

MM / DD / YYYY

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 46 OF 50
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes			FEC IDENTIFICATION NUMBER ▼ C C00489799		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Planned Parenthood Action Fund Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 23 / 2014		
Mailing Address 434 West 33rd Street			Amount 720.00		
City New York		State NY	Zip Code 10001		Transaction ID : B499186
Purpose of Expenditure Payment for Independent Expenditure originally reported on July Monthly Report. See Schedule D		Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014	
Name of Federal Candidate Kay Hagan			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought 145627.72			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Planned Parenthood Action Fund Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 21 / 2014		
Mailing Address 434 West 33rd Street			Amount 5.10		
City New York		State NY	Zip Code 10001		Transaction ID : B499187
Purpose of Expenditure Payment for Independent Expenditure originally reported on July Monthly Report. See Schedule D		Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014	
Name of Federal Candidate Kay Hagan			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought 145627.72			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			725.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Aletheia Henry			Date MM / DD / YYYY 08 / 20 / 2014		

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">M M M / D D D / Y Y Y Y Y Y</div>			
Full Name of Payee Planned Parenthood Action Fund Inc. [MEMO ITEM]		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">07</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">23</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>	
Mailing Address 434 West 33rd Street		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;">333.73</div>	
City New York	State NY	Zip Code 10001	Transaction ID : B508866
Purpose of Expenditure List rental. See Schedule D		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">004</div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">07</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">23</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>
Name of Federal Candidate Thom Tillis		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;">1762.19</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Planned Parenthood Action Fund Inc. [MEMO ITEM]		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">07</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">24</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>	
Mailing Address 434 West 33rd Street		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;">1200.00</div>	
City New York	State NY	Zip Code 10001	Transaction ID : B508867
Purpose of Expenditure Predictive dialer minutes for phone banks. See Schedule D		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">004</div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">07</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">24</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;">147140.22</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;">0.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <u>Aletheia Henry</u>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">08</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">20</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>	
[Electronically Filed]			

Full Name of Payee Planned Parenthood Action Fund Inc. [MEMO ITEM]		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>07 / 30 / 2014</div> </div>	
Mailing Address 434 West 33rd Street		Amount <div> <div></div> <div>8.74</div> </div>	
City New York	State NY	Zip Code 10001	Transaction ID : B508868 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>07 / 30 / 2014</div> </div>
Purpose of Expenditure List rental. See Schedule D		Category/ Type <div> <div></div> <div>004</div> </div>	
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <div> <div></div> <div>147280.06</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1650 1364 1656"> <tr><td data-bbox="1102 1650 1364 1656">312.50</td></tr> </table>	312.50
312.50		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1102 1656 1364 1661"> <tr><td data-bbox="1102 1656 1364 1661"></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1661 1364 1669"> <tr><td data-bbox="1102 1661 1364 1669"></td></tr> </table>	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY			
Full Name of Payee Planned Parenthood Action Fund Inc. [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 434 West 33rd Street		Amount 8.74	
City New York	State NY	Zip Code 10001	Transaction ID : B508869
Purpose of Expenditure List rental. See Schedule D		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Name of Federal Candidate Thom Tillis		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 2079.79		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Planned Parenthood Action Fund Inc. [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 434 West 33rd Street		Amount 131.10	
City New York	State NY	Zip Code 10001	Transaction ID : B508870
Purpose of Expenditure Postage. See Schedule D		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 147280.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <u>Aletheia Henry</u>		Date MM / DD / YYYY 08 / 20 / 2014	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y			
Full Name of Payee Planned Parenthood Action Fund Inc. [MEMO ITEM]		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 07 / 30 / 2014	
Mailing Address 434 West 33rd Street		Amount 131.10	
City New York	State NY	Zip Code 10001	Transaction ID : B508871
Purpose of Expenditure Postage. See Schedule D		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y 07 / 30 / 2014
Name of Federal Candidate Thom Tillis		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 2079.79		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Planned Parenthood Action Fund Inc. [MEMO ITEM]		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 07 / 30 / 2014	
Mailing Address 434 West 33rd Street		Amount 177.76	
City New York	State NY	Zip Code 10001	Transaction ID : B508901
Purpose of Expenditure List rental. See Schedule D		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y 07 / 30 / 2014
Name of Federal Candidate Thom Tillis		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 2079.79		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶		60704.79	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <u>Aletheia Henry</u>		Date M M / D D / Y Y Y Y 08 / 20 / 2014	

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